



**Culpeper County Department of Animal Services  
Adoption Application**

Adoption applications are taken very seriously. Application must be completely filled out and answered to be considered for adoption. Any falsifications will result in denial of application.

Name (PRINT) \_\_\_\_\_ Date \_\_\_\_\_  
Contact number \_\_\_\_\_  
Work/cell phone \_\_\_\_\_  
EMERGENCY \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Drivers License# \_\_\_\_\_ State \_\_\_\_\_  
Address on License or Military ID- include city/state/zip code  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residence address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your residence a **House ~ Trailer ~ Apartment ~ Condo ~ Townhouse?** (circle one)  
Do you **Own ~ Rent ~ Live with family?** (circle one)  
Are you under 21 years of age? \_\_\_\_\_  
How long have you been at this residence a Week ~ Month(s) ~ Year(s)? \_\_\_\_\_  
What is the name of your landlord or the person owning the home where you live? \_\_\_\_\_  
What is the contact number of this person? \_\_\_\_\_

Are you under 21 years of age? \_\_\_\_\_  
Are there any children under the age of 6 who reside with you? \_\_\_\_\_  
Does anyone who resides with you have animal related allergies? \_\_\_\_\_  
Do you presently own any pets? \_\_\_\_\_ Please List \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are your pets current on vaccinations & county licenses? \_\_\_\_\_  
Are your pets spayed or neutered? \_\_\_\_\_  
Name of the veterinarian clinic you are currently using or plan to use, including phone number  
\_\_\_\_\_

Do you or your neighbors own any livestock? \_\_\_\_\_ Please list \_\_\_\_\_  
\_\_\_\_\_

Where will you keep your pet during the day? \_\_\_\_\_ at night? \_\_\_\_\_  
Will your pet be a inside pet or an outside pet? \_\_\_\_\_  
How are you planning to confine your pet inside? \_\_\_\_\_ and outside? \_\_\_\_\_  
Who will care for your pet if you go out of town? \_\_\_\_\_  
If you move, what will you do with your pet? \_\_\_\_\_  
Are you familiar wit housebreaking and obedience training? \_\_\_\_\_

Have you ever turned a pet over to any animal shelter? \_\_\_\_\_

If yes, please explain your reason. \_\_\_\_\_

Have you ever adopted from any shelter and from whom? \_\_\_\_\_

Companion pets are a big responsibility and expense.

Can you afford to spend an approximate \$500-\$1000 per year to care for your pet? \_\_\_\_\_

The State of Virginia requires all dogs and cats adopted to be spayed or neutered, do you agree with this? \_\_\_\_\_  
law? \_\_\_\_\_

Have you ever been convicted of an animal related crime? \_\_\_\_\_

Have you ever had an animal removed from your care by the authorities? \_\_\_\_\_

Which pet are you interested in adopting? \_\_\_\_\_

Why do you want to adopt this pet? \_\_\_\_\_

The Culpeper County Animal Shelter requires that all adoption applications be filled out completely. It is our responsibility & duty to be the advocates for our shelter animals and by doing so want to place these pets in the best environment coupled with the best homes.

We reserve the right to reject any application that, in our judgment would not provide the best home possible. Our animals are companion animals and deserve to spend their lifetime as happy family members. It is our policy NOT to adopt any animal to persons that would use our animals for food for other animals, represent research labs, to persons who have previously surrendered a pet to an animal shelter, or to a persons who plan to have their pet live its life entirely outside on a chain.

If approved and plan to adopt from CCDAS today, we recommend that your new companion be taken to your veterinarian within the first week of ownership. To the best of our knowledge the pet is healthy at the time of adoption. Any routine medical care or treatment are undertaken at the new owner's expense and will not be the responsibility of Culpeper County Department of Animal Services. If the pet is found to have a major medical problem within this time it may be returned immediately. A refund may be issued but not required. Please call to schedule arrangements.

I \_\_\_\_\_ certify that all information given on this application is true and complete. I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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*This section to be completed by a CCDAS representative before adoption is approved or completed.*

The CCDAS confirmation caller was \_\_\_\_\_

Date & Time of call \_\_\_\_\_

Notes of confirmation call. *Include all pertinent information regarding the permission of a pet, include name of person giving information/permission.* \_\_\_\_\_

APPLICATION IS: APPROVED DENIED by: \_\_\_\_\_

If denied reasons are as follows: \_\_\_\_\_